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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 158

Place of Birth Miami
(Registration District)

County Gila

No. _____ St. _____

SEX OF CHILD	Twin Triplet or other?		and		Number in order of birth
<u>Female</u>					

DATE OF BIRTH July 11th 1923
(Month) (Day) (Year)

FULL NAME Francis A. Stowell
FATHER

FULL MAIDEN NAME Sissy Karchner
MOTHER

I HEREBY CERTIFY that the child described herein has been named

ERMYNTRUDE STOWELL

(Give name in full)

(Surname)

Mrs C E Shreve
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

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523-711-429